SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>	A. Signature  X Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  1/4/08
Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
T. Dudley Perry, Jr.  Deputy Attorney General  AL Department of Youth Services	
PO Box 66 Montgomery; AL 36057	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
07cv532 S, C+And Comp	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label) 7006 215	0 0005 2648 6839 2839
PS Form 3811 February 2004 Domestic Retu	rn Receipt 102595-02-M-1540